

Community Action on Tobacco evALuation sYSTem

Helping Youth Quit Tobacco

Youth Cessation Post-program Survey

The information on this form is being collected to check whether the activity you participated in is helpful and effective for most people. The information you give us will help to plan and provide better programs, so please answer the questions thoughtfully. The information you provide is <u>voluntary</u> – you can skip any questions you don't want to answer, and you can stop at any time.

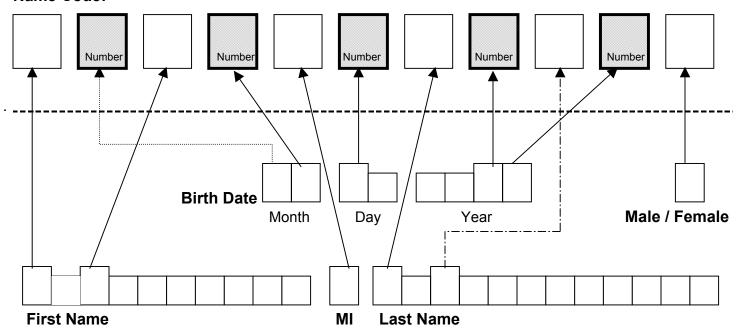
You were asked to fill in this form before you started, and now, again, after you finished. Your name and birth date will **not** be connected to the answers you give on these forms. Please be sure to tear off the bottom part of this page **before** you hand back the filled out form. This will ensure that nobody knows which survey is yours.

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Tell Us About Yours	_	

(Month) (Day) (Year) What <u>City</u> do you live in?	
What <u>City</u> do you live in?	
What County do you live in?	
What County do you live in?	
What is your Zip Code?	
What school do you go to?	

Fold and tear at the dotted line below to remove the bottom section, which you should destroy. Be sure you have put the correct numbers and letters in the boxes. The top section should stay attached to the survey and given to your instructor.

Name Code:



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pt to quit using tobacco?
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10. "I have the skills that I need to quit using tobacco."

- A. Definitely True for me
- B. Probably True for me
- C. Probably Not True for me
- D. Definitely Not True for me

11. "There are more negative things about smoking than positive things."

- A. Definitely True for me
- B. Probably True for me
- C. Probably Not True for me
- D. Definitely Not True for me

12. "I would smoke around a small child"

- A. Definitely True for me
- B. Probably True for me
- C. Probably Not True for me
- D. Definitely Not True for me

13. "Young people risk harming themselves if they smoke 1-5 cigarettes per day."

- A. Definitely True
- B. Probably True
- C. Probably Not True
- D. Definitely Not True

14. "A pregnant woman who smokes could hurt her baby."

- A. Definitely True
- B. Probably True
- C. Probably Not True
- D. Definitely Not True

15. "Will your parents/family help you to quit smoking?"

- A. Definitely Yes
- B. Probably Yes
- C. Probably No
- D. Definitely No
- E. They don't know I smoke

16. "Will your friends help you to quit smoking?"

- A. Definitely Yes
- B. Probably Yes
- C. Probably No
- D. Definitely No
- E. They don't know I smoke

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The last questions ask for your opinions about the program you just participated in

Would you tell your friends that this was a good class?

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	Α.	Definitely Yes
	В.	Probably Yes
	C.	Probably Not
	D.	Definitely Not
18.	Wha	at was the most helpful or interesting part of this program?
19.	Wha	at was the <u>least</u> helpful or interesting part of this program?
20.	\Mba	at about days do to improve this program?
20.	vviia	at should we do to improve this program?

THANK YOU FOR TAKING THIS SURVEY!

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